## **SCHEDULE C** (Form 1040)

## **Profit or Loss From Business**

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

Na

|          | al Revenue Service (99)   | tach to Form 1040 or 1041.      | ► See Instructions for Schedule C (Fe     | orm 1040).         | Sequence No      | o. <b>09</b> |
|----------|---|---------------------------------|---|--------------------|------------------|--------------|
| Name     | e of proprietor   |                                 |   | Social security    | number (SSN)     |              |
| A        | Principal business or profession  | n, including product or service | (see page C-2 of the instructions)        | B Enter code f     | rom pages C-8, 9 | 9, & 10      |
| С        | Business name. If no separate I   | business name, leave blank.     |   | D Employer ID      | number (EIN), it | if any       |
| E        | ,   | •                               |   |                    |                  |              |
|          | City, town or post office, state,   |                                 |   |                    |                  |              |
| F        | •   | ☐ Cash (2) ☐ Accrual            | (3) ☐ Other (specify) ►                   |                    |                  |              |
| G<br>H   | Did you "materially participate"  If you started or acquired this b   |                                 | ss during 2005? If "No," see page C-3 for |                    |                  | _            |
|          | rt I Income   | dusiness during 2005, check he  | ere                                       |                    |                  |              |
| Га       |   |                                 |   |                    |                  |              |
| 1        |   |                                 | you on Form W-2 and the "Statutory        | ]   1              |                  |              |
| •        | employee" box on that form wa   | · -                             | check here                                | 2                  |                  |              |
| 2        | Returns and allowances  |                                 |   | . 3                |                  |              |
| 3        | Subtract line 2 from line 1 .   |                                 |   | . 4                |                  | +            |
| 4        | Cost of goods sold (from line 42  | ∠ on page ∠)                    |   | .   -              |                  | †            |
| 5        | Gross profit. Subtract line 4 fro   | om line 3                       |   | 5                  |                  |              |
| 6        |   |                                 | credit or refund (see page C-3)           |                    |                  |              |
| ·        | Carlor moome, meraamig r cacra  | and otato gasonno or raor tax   | toround (coo page o o)                    |                    |                  |              |
| 7        | Gross income. Add lines 5 and   | 16                              |   | 7                  |                  |              |
| Pai      | rt II Expenses. Enter ex  |                                 | of your home <b>only</b> on line 30.      |                    |                  |              |
| 8        | Advertising   | 8                               | 18 Office expense                         | 18                 |                  |              |
| 9        | Car and truck expenses (see   |                                 | 19 Pension and profit-sharing plans       | 19                 |                  |              |
| Ū        | page C-3)   | 9                               | <b>20</b> Rent or lease (see page C-5):   |                    |                  |              |
| 10       | Commissions and fees  | 10                              | a Vehicles, machinery, and equipment      | 20a                |                  |              |
| 11       | Contract labor (see page C-4)   | 11                              | <b>b</b> Other business property          | 20b                |                  |              |
| 12       | Depletion   | 12                              | <b>21</b> Repairs and maintenance .       | 21                 |                  |              |
| 13       | Depreciation and section 179  |                                 | 22 Supplies (not included in Part III)    |                    |                  |              |
| 10       | expense deduction (not  |                                 | 23 Taxes and licenses                     | . 23               |                  |              |
|          | included in Part III) (see  |                                 | 24 Travel, meals, and entertainment:      |                    |                  |              |
|          | page C-4)   | 13                              | <b>a</b> Travel                           | . 24a              |                  |              |
| 14       | Employee benefit programs   |                                 | <b>b</b> Deductible meals and             |                    |                  |              |
|          | (other than on line 19)   | 14                              | entertainment (see page C-5)              | 24b                |                  |              |
| 15       | Insurance (other than health) .   | 15                              | <b>25</b> Utilities                       | . 25               |                  |              |
| 16       | Interest:   |                                 | 26 Wages (less employment credits)        | . 26               |                  |              |
| а        | Mortgage (paid to banks, etc.) .  | 16a                             | 27 Other expenses (from line 48 or        |                    |                  |              |
| b        | Other   | 16b                             | page 2)                                   | . 27               |                  |              |
| 17       | Legal and professional  | 47                              |   |                    |                  |              |
|          | services  | 17                              |   | 28                 |                  |              |
| 28       | Total expenses before expense   | es for business use of home. A  | Add lines 8 through 27 in columns         | 26                 |                  |              |
| 00       | Tantation and the fact of the same  | line 00 form line 7             |   | 29                 |                  |              |
| 29       | Tentative profit (loss). Subtract   |                                 |   | 30                 |                  |              |
| 30<br>31 | Expenses for business use of your Net profit or (loss). Subtract lire   |                                 |   | .                  |                  | 1            |
| 31       | . , ,   |                                 |   | 1                  |                  |              |
|          | • If a profit, enter on <b>Form 1040, line 12,</b> and <b>also</b> on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. |                                 |   |                    |                  |              |
|          | • If a loss, you <b>must</b> go to line 32.   |                                 |   |                    |                  | •            |
| 32       | · · · · · · · · · · · · · · · · · · ·   |                                 | nent in this activity (see page C-6).     |                    |                  |              |
| -        | •   | •                               | 2, and also on Schedule SE, line 2        | <b>32a</b> □ All i | investment is a  | at risk.     |
|          | (statutory employees, see page  |                                 | me investment                             |                    |                  |              |
|          | • If you checked 32b, you <b>must</b> attach <b>Form 6198.</b> Your loss may be limited.  |                                 |   |                    | isk.             |              |

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| Pai | Cost of Goods Sold (see page C-6)   |        |            |            |         |    |  |  |  |  |
|-----|---|--------|------------|------------|---------|----|--|--|--|--|
| 33  | Method(s) used to value closing inventory: <b>a</b> $\square$ Cost <b>b</b> $\square$ Lower of cost or market <b>c</b>  | □ o    | ther (atta | ıch explaı | nation) |    |  |  |  |  |
| 34  | Was there any change in determining quantities, costs, or valuations between opening and closing in "Yes," attach explanation   |        | _          | Yes        |         | No |  |  |  |  |
| 35  | Inventory at beginning of year. If different from last year's closing inventory, attach explanation   | 35     |            |            |         |    |  |  |  |  |
| 36  | Purchases less cost of items withdrawn for personal use   | 36     |            |            |         |    |  |  |  |  |
| 37  | Cost of labor. Do not include any amounts paid to yourself  | 37     |            |            |         |    |  |  |  |  |
| 38  | Materials and supplies  | 38     |            |            |         |    |  |  |  |  |
| 39  | Other costs   | 39     |            |            |         |    |  |  |  |  |
| 40  | Add lines 35 through 39   | 40     |            |            |         |    |  |  |  |  |
| 41  | Inventory at end of year  | 41     |            |            |         |    |  |  |  |  |
| Pai | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4  Information on Your Vehicle. Complete this part only if you are claiming line 9 and are not required to file Form 4562 for this business. See the ins C-4 to find out if you must file Form 4562. |        |            |            |         |    |  |  |  |  |
| 43  | When did you place your vehicle in service for business purposes? (month, day, year) ▶/   | /      | <b>.</b>   |            |         |    |  |  |  |  |
| 44  | Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:   |        |            |            |         |    |  |  |  |  |
| а   | Business b Commuting (see instructions) c Oth   | er     |            |            |         |    |  |  |  |  |
| 45  | Do you (or your spouse) have another vehicle available for personal use?  |        | 🗆          | Yes        |         | No |  |  |  |  |
| 46  | Was your vehicle available for personal use during off-duty hours?  |        | 🗆          | Yes        |         | No |  |  |  |  |
| 47a | Do you have evidence to support your deduction?   |        | 🗆          | Yes        |         | No |  |  |  |  |
|     | If "Yes," is the evidence written?  | or lir | —          | Yes        |         | No |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
|     |   |        |            |            |         |    |  |  |  |  |
| 48  | Total other expenses. Enter here and on page 1, line 27   | 48     |            |            |         |    |  |  |  |  |